

Sample Benefits Booklet



March 1, 2009 – February 28, 2010 Employee Benefits Package

This booklet provides a summary of the employee health benefit package available to you. We hope you will find this information helpful and informative when making your benefit elections for the 2009-2010 plan year.

See Inside for Benefit Highlights

- Blue Cross Blue Shield Medical Plans
- Standard Dental Plan
- Standard Base Life and AD&D Plan
- EyeMed Vision Plans
- Standard Disability Plans
- Flexible Spending Accounts
- Retirement Plans

Dear Employee,

Recent reports indicate that U.S. healthcare costs continue to rise at twice the rate of inflation and analysts warn that the nation's healthcare bill will shoot past \$4 trillion by 2015. These are staggering numbers and something that impacts us all. It is the City of Dunwoody's goal to strike a balance between making smart choices in selecting our benefit plan options that help control our healthcare costs yet provide the protection that you and your family need.

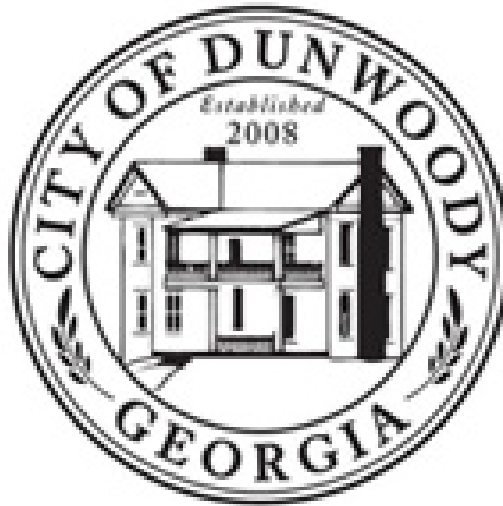
We feel it is our responsibility to educate our employees in understanding the basics of how health insurance works so they have an understanding of what impacts the cost of healthcare. We also feel it is our responsibility to help our employees navigate through the various options the City of Dunwoody makes available so they can make a well thought out decision and receive the full value of the available benefits.

We have chosen Blue Cross Blue Shield of Georgia as our preferred provider for health insurance for the City. This choice is based on their deep experience in working with municipalities and large network of physicians. We also researched plan alternatives for dental, life, disability, and vision insurance and selected insurance carriers and plans that are competitive with other local municipalities. We are pleased to recommend Standard Insurance Company for dental, life, and disability insurance. Eye Med will be our provider for vision benefits. In addition to these benefits, we are also offering medical and dependent care flexible spending accounts and an employee assistance program.

Please spend time reviewing the information throughout this booklet. Keep in mind the information presented is only an illustration of the benefits available to you and the Carrier's contract will prevail. Understanding your health plan options and utilizing them effectively can save healthcare dollars and ensure the best healthcare for all of us.

Best Regards,

City of Dunwoody



2009-2010 Health Insurance Carriers

Medical	Blue Cross Blue Shield of Georgia
Dental	Standard
Vision	EyeMed
Base Life and AD&D	Standard
Long Term Disability	Standard
Short Term Disability	Standard
Flexible Spending Accounts	Medcom
Retirement Plans	Principal

YOUR HEALTHCARE PLANS



Option 1: HMO

BLUE CROSS BLUE SHIELD	IN - NETWORK
LIFETIME MAXIMUM	Unlimited
CALENDAR YEAR DEDUCTIBLE	\$500 Individual / \$1,500 Family
OUT-OF-POCKET MAXIMUM (Includes Deductible)	\$500 Individual / \$1,500 Family
Physician's Services - Office Visit (PCP)	\$25 Copay
Specialist	\$35 Copay
Immunizations	\$25 or \$35 Copay
Routine GYN Exam	\$25 or \$35 Copay
OUTPATIENT SURGERY-Facility Charge	\$100 Facility Copay
OUTPATIENT SURGERY-Physician	100%, After Deductible
HOSPITALIZATION	100% After Deductible
EMERGENCY ROOM (copay waived if admitted)	\$100 Copay
DIAGNOSTIC / X-RAY / LAB / CT SCAN / MRI'S	100%, After Deductible
MATERNITY - First OBGYN Visit	\$35 Copay
Hospital	100%, After Deductible
DURABLE MEDICAL EQUIPMENT	100%, After Deductible
CHIROPRACTIC CARE – 20 Visit Limit	\$15 Copay
HOME HEALTH CARE (limited to 120 visits per year)	100%, After Deductible
SKILLED NURSING FACILITY (limited to 30 days per year)	100%, After Deductible
PRESCRIPTION DRUGS	
Generic Copay	\$20
Preferred Brand Copay	\$35
Non – Preferred Brand Copay	\$60
Mail Order Service (90 day supply) Copay	\$60 (Excludes non-preferred)
MENTAL HEALTH / SUBSTANCE ABUSE	
Inpatient (limited to 30 days per year)	100%, After Deductible
Outpatient (limited to 20 visits per year)	\$35 Copay
ROUTINE VISION EXAM	No Coverage

This booklet is a summary of plan highlights. Please consult the carrier's contract for full information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier's contract will prevail.



Option 2: POS

BLUE CROSS BLUE SHIELD	IN - NETWORK	OUT – OF – NETWORK
LIFETIME MAXIMUM	Unlimited	\$5,000,000
CALENDAR YEAR DEDUCTIBLE	\$500 Individual / \$1,500 Family	\$1,000 Individual / \$3,000 Family
OUT-OF-POCKET MAXIMUM (Includes Deductible)	\$500 Individual / \$1,500 Family	\$5,000 Individual / \$15,000 Family
Physician's Services - Office Visit (PCP)	\$25 Copay	60%, After Deductible
Specialist	\$35 Copay	60%, After Deductible
Immunizations	\$25 or \$35 Copay	60%, After Deductible
Routine GYN Exam	\$25 or \$35 Copay	60%, After Deductible
OUTPATIENT SURGERY-Facility Charge	\$100 Copay	60%, After Deductible
OUTPATIENT SURGERY-Physician	100%, After Deductible	60%, After Deductible
HOSPITALIZATION	100%, After Deductible	60%, After Deductible
EMERGENCY ROOM (copay waived if admitted)	\$100 Copay	\$100 Copay
DIAGNOSTIC / X-RAY / LAB / CT SCAN / MRI'S	100%, After Deductible	60%, After Deductible
MATERNITY - First OBGYN Visit	\$100 Copay	60%, After Deductible
Hospital	100%, After Deductible	60%, After Deductible
DURABLE MEDICAL EQUIPMENT	100%, After Deductible	60%, After Deductible
CHIROPRACTIC CARE – 20 Visit Limit	\$15 Copay	60%, After Deductible
HOME HEALTH CARE (limited to 120 visits per year)	100%, After Deductible	60%, After Deductible
SKILLED NURSING FACILITY (limited to 30 days per year)	100%, After Deductible	60%, After Deductible
PRESCRIPTION DRUGS		
Generic Copay	\$20	60%, After Deductible
Preferred Brand Copay	\$35	60%, After Deductible
Non – Preferred Brand Copay	\$60	60%, After Deductible
Mail Order Service (90 day supply) Copay	\$60 (excludes non-preferred)	No Coverage
MENTAL HEALTH / SUBSTANCE ABUSE		
Inpatient (limited to 30 days per plan year)	100%, After Deductible	No Coverage
Outpatient (limited to 20 visits per plan year)	\$35 Copay	No Coverage
ROUTINE VISION EXAM	No Coverage	No Coverage

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Option 3: PPO

BLUE CROSS BLUE SHIELD	IN - NETWORK	OUT – OF – NETWORK
LIFETIME MAXIMUM	\$5,000,000	\$5,000,000
CALENDAR YEAR DEDUCTIBLE	\$500 Individual / \$1,500 Family	\$1,000 Individual / \$3,000 Family
OUT-OF-POCKET MAXIMUM (Includes Deductible)	\$2,500 Individual / \$7,500 Family	\$5,000 Individual / \$15,000 Family
Physician's Services - Office Visit (PCP)	\$25 Copay	60%, After Deductible
Specialist	\$25 Copay	60%, After Deductible
Immunizations	\$25 Copay	60%, After Deductible
Routine GYN Exam	\$25 Copay	60%, After Deductible
OUTPATIENT SURGERY	80%, After Deductible	60%, After Deductible
HOSPITALIZATION	80%, After Deductible	60%, After Deductible
EMERGENCY ROOM (copay waived if admitted)	\$100 Copay	60%, After Deductible
DIAGNOSTIC / X-RAY / LAB / CT SCAN / MRI'S	80%, After Deductible	60%, After Deductible
MATERNITY - First OBGYN Visit	\$100 Copay	60%, After Deductible
Hospital	80%, After Deductible	60%, After Deductible
DURABLE MEDICAL EQUIPMENT	80%, After Deductible	60%, After Deductible
CHIROPRACTIC CARE – 20 Visit Limit	80%, After Deductible	60%, After Deductible
HOME HEALTH CARE (limited to 120 visits per year)	\$25 Copay	60%, After Deductible
SKILLED NURSING FACILITY (limited to 30 days per year)	80%, After Deductible	60%, After Deductible
PRESCRIPTION DRUGS		
Generic Copay	\$20	
Preferred Brand Copay	\$35	
Non – Preferred Brand Copay	\$60	
Mail Order Service (90 day supply) Copay	\$60 (Excludes Non-Preferred)	No Coverage
MENTAL HEALTH / SUBSTANCE ABUSE		
Inpatient (limited to 30 days per year)	80%, After Deductible	60%, After Deductible
Outpatient (limited to 20 visits per year)	\$25 Copay	60%, After Deductible
ROUTINE VISION EXAM	No Coverage	No Coverage

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Visit www.standard.com to find a dentist near you!

BENEFITS		
Class I Services	In-Network	Out-of-Network
Oral Exams Bitewing X-Rays Cleanings Fluoride Treatments	100%	100% Of the 80 th UCR
Class II Services		
Panoramic X-Rays Sealants Fillings Simple Extractions	80%	80% Of the 80 th UCR
Class III Services (6 mo. waiting period applies)		
Onlays Crowns Endodontics Periodontics Prosthodontics Complex Extractions Anesthesia	50%	50% Of the 80 th UCR
Orthodontics (Children Only) (Dependents to age 19 / 26 if student)		
Diagnostic, Active, Retention Treatment	50%	50% Of the 80 th UCR
Program Maximums and Deductibles		
Lifetime Orthodontic Maximum	\$1,000	\$1,000
Annual Program Maximum (per Person)	\$1,000	\$1,000
Annual Program Deductible (waived on Class I services)	\$50 per person \$150 per family	
Out-of- Network Reimbursement	-	80 th UCR

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FREE Discount Vision Plan

Benefit	Coverage
Exam	\$5 Off routine exam at participating providers/ \$10 Off contact lens exam
Standard Plastic Lens	\$50 Copay – Single Vision \$70 Copay – Bifocal \$105 Copay – Trifocal
Frames	35% off retail prices
Contacts	15% off retail prices (conventional only)
Lasik Surgery	15% off retail prices or 5% off promotional prices

EyeMed Buy Up Vision Insurance

100% Employee Paid

Vision Care Service	In-Network	Out-of-Network (reimbursement)
Exam w/ Dilation	\$10 Copay	Up to \$35
Contact Lens - Fit & Follow up	Up to \$40	N/A
Frames	\$120 Allowance, then 20% off remaining balance	Up to \$48
Standard Plastic Lenses Single Vision, Bifocal, Trifocal	\$25 Copay	Up to \$25, \$40, \$60 (respectively)
Lens Options Tint, UV Coating, Scratch Polycarbonate Anti-Reflective Progressive	\$12 \$35 \$40 \$85	Not applicable
Contact Lens Conventional	\$0 Copay, \$135 allowance, 15% off balance over \$135	\$95
Disposable	\$0 Copay, \$135 allowance	\$95
Medically Necessary	\$0 Copay, Paid in full	\$200

Visit www.eyemedvisioncare.com to find a provider near you!

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BASIC GROUP LIFE AND AD&D

Paid 100% by City of Dunwoody

BENEFIT	COVERAGE
LIFE INSURANCE BENEFIT	3 x Salary (Maximum of \$500,000)
ACCIDENTAL DEATH & DISMEMBERMENT	3 x Salary (Maximum of \$500,000)
GUARANTEE ISSUE	\$400,000
AGE REDUCTION	65% at Age 65 50% at Age 70 35% at Age 75
ACCELERATED DEATH BENEFIT	75% of Benefit
LINE OF DUTY BENEFIT	Public safety officers will receive an additional benefit if they suffer a loss due to a line of duty accident
SEAT BELT & AIRBAG BENEFIT	Included
PORTABILITY	Included

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LONG TERM DISABILITY INSURANCE

Paid 100% by City of Dunwoody

Long Term Disability Benefit	Coverage
Benefit Amount	60% of monthly earnings up to \$7,000 per month (no less than \$100 per month)
Benefits Begin	91 st day of an accident or sickness
Benefit Duration	To Social Security Normal Retirement Age
Own Occupation Definition	24 Months
Survivor's Benefits	3 x Benefit Amount
Partial Disability	Included
Pre-Existing Condition Exclusion	6 month look back / 24 month exclusion
Maternity	Treated as any other illness
Rehabilitation / Return to Work Benefit	Included

SHORT TERM DISABILITY INSURANCE

Paid 100% by City of Dunwoody

Short Term Disability Benefit	Coverage
Benefit Amount	60% of monthly earnings up to \$1,500 per week (no less than \$15 per week)
Benefits Begin	8th day of an accident or sickness
Benefit Duration	90 Days
Partial Disability	Included
Pre-Existing Condition Exclusion	None
Maternity	Treated as any other illness
Rehabilitation / Return to Work Benefit	Included

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FLEXIBLE SPENDING ACCOUNT

Plan Year: March 1, 2009-February 28, 2010

A flexible spending account allows you to use pre-tax payroll deductions to reimburse yourself for qualified medical and dependent care expenses (per IRS Section 213 D).

There are two types of accounts:

- **Medical Flexible Spending Account** for qualified healthcare expenses (including dental and vision).
- **Dependent Care Flexible Spending Account** for qualified child(ren) or elder care expenses to allow you to work or go to school.

Examples of eligible Medical FSA Expenses include, but are not limited to:

- Orthodontia treatment
- Rx co-payments
- Chiropractic Care
- Contraceptive Prescriptions
- Psychiatrist/Counseling
- Durable Medical Equipment
- Lasik Eye Surgery
- Medical Plan Deductible & Coinsurance
- Dental Plan Deductible & Coinsurance
- Contact solutions, cleaners
- Vision expenses
- Eye glasses, contact lenses
- Diabetic supplies
- Over the Counter Drugs

Be sure to plan for your medical expenses, as money in your account that remains unused at the end of the plan year will be forfeited...**USE IT OR LOSE IT RULE**. Also, be sure to keep all receipts for any items purchased using your FSA.

Contribution Limits:

- Medical FSA: \$2,500 / year
- Dependent Care FSA: \$5,000 / year



SAMPLE RETIREMENT PLAN

The City of Dunwoody provides our valued employees with a comprehensive retirement program consisting of a 457, a 401(a) plan, and a social security account. Principal Financial Group, a leader in Retirement Programs, provides administration for the City's plan.

- The 457 plan allows for employees to defer part of their pay on a tax-deferred basis into the investment of their choice.
- The 401(a) plan provides for a contribution on behalf of the City to each employee to save for retirement. Currently, this contribution is 10% of pay.
- The City will also contribute the social security withholding amount (6.2% for 2009) for each eligible employee into the investment of their choice. The plan allows each participant to select investments based upon individual risk tolerance. Several Lifetime portfolios are available, which ensure a proper investment mix.

In order to be eligible for the plans, employees must be age 21 or older. Additionally, employees must have fulfilled a 30 days of service with the City of Dunwoody. Employees are 100% vested in the plans after six months of service.

NOTES

YOUR IMPORTANT CONTACTS



MEDICAL
WWW.BCBGA.COM
800-770-6226



DENTAL, LIFE, and DISABILITY
WWW.STANDARD.COM
800-547-9515



VISION
WWW.EYEMEDVISIONCARE.COM
866- 839-3633



FLEXIBLE SPENDING ACCOUNTS
WWW.EMEDCOM.COM
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